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| | | Document | Page I 01 51 | | |
|----------------|--|--|--|------------------------|-------------------------------------|
| Fill | in this information to identify your c | ase: | | | |
| Deb | tor 1 Michael T. Cioffi | | | | |
| Deb | First Name | Middle Name | Last Name | | |
| (Spor | use if, filing) First Name | Middle Name | Last Name | | |
| Unit | ed States Bankruptcy Court for the: | WESTERN DISTRICT OF | PENNSYLVANIA | | |
| Cas (if kno | e number 21-21632 | | | _ | ck if this is an |
| | | | | ame | nded filing |
| | icial Form 106Sum nmary of Your Assets a | nd Liabilities and | Certain Statistical Information | | 12/15 |
| infor | s complete and accurate as possibl mation. Fill out all of your schedule original forms, you must fill out a n | s first; then complete the i | e filing together, both are equally responsible f nformation on this form. If you are filing amend he box at the top of this page. | or supply led sched | ing correct lules after you file |
| Part | 1: Summarize Your Assets | | | | |
| | | | | | assets of what you own |
| 1. | Schedule A/B: Property (Official For 1a. Copy line 55, Total real estate, fro | | | \$_ | 957,208.00 |
| | 1b. Copy line 62, Total personal prop | erty, from Schedule A/B | | \$ | 78,440.34 |
| | 1c. Copy line 63, Total of all property | on Schedule A/B | | \$ | 1,035,648.34 |
| Part | 2: Summarize Your Liabilities | <u> </u> | | | |
| | | | | | liabilities int you owe |
| 2. | Schedule D: Creditors Who Have Cla 2a. Copy the total you listed in Colum | | fficial Form 106D) bottom of the last page of Part 1 of <i>Schedule D</i> | s | 397,115.64 |
| 3. | Schedule E/F: Creditors Who Have U 3a. Copy the total claims from Part 1 | | orm 106E/F) from line 6e of Schedule E/F | s_ | 0.00 |
| | 3b. Copy the total claims from Part 2 | (nonpriority unsecured clair | ns) from line 6j of Schedule E/F | \$_ | 1,432,726.02 |
| | | | Your total liabilities | s | 1,829,841.66 |
| Part | 3: Summarize Your Income and | Expenses | | | |
| 4. | Schedule I: Your Income (Official For Copy your combined monthly income | | | \$ | 7,494.87 |
| 5. | Schedule J: Your Expenses (Official I Copy your monthly expenses from lin | | | \$ | 8,361.32 |
| Part | 4: Answer These Questions for A | Administrative and Statistic | cal Records | | |
| 6. | Are you filing for bankruptcy under | | ck this box and submit this form to the court with yo | ur other s | chedules |
| 7. | Yes What kind of debt do you have? | | | | |
| | ☐ Your debts are primarily const household purpose." 11 U.S.C. § | umer debts. Consumer deb § 101(8). Fill out lines 8-9g fo | ts are those "incurred by an individual primarily for or statistical purposes. 28 U.S.C. § 159. | a persona | al, family, or |
| | ■ Your debts are not primarily c | onsumer debts. You have r | nothing to report on this part of the form. Check this | s box and | submit this form to |

the court with your other schedules.

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| Debtor | 1 Michael T. Cioffi Case number (if known) 21- | -21632 |
|--------|---|--------|
| | om the Statement of Your Current Monthly Income: Copy your total current monthly income from Official 22A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | s Form |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim |
|--|-------------|
| From Part 4 on Schedule E/F, copy the following: | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ |
| Ob. Toward and a delication of the control of the c | |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ |
| ou. diamid to, addition personal mysty time you trans transfer (adapt mile day) | |
| 9d. Student loans. (Copy line 6f.) | \$ |
| | |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as | \$ |
| priority claims. (Copy line 6g.) | |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ |
| , | |
| | _ |
| 9g. Total. Add lines 9a through 9f. | S |
| | |

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| | Ouse 2. | 1 21002 07 | (D D00 12 | Doc | cument | Page 3 of 51 | O/ZI II. | -J.20 I | Jese Main | ı |
|-------------------------------|---------------------------|---|---|-----------|------------------|--|----------------|----------------|--|-----------|
| Fill | In this informa | ation to identify | your case and th | is filin | g: | | | | | |
| Det | otor 1 | Michael T. C | ioffi | | | | | | | |
| 5.4 | | First Name | Middle | Name | | Last Name | | | | |
| | otor 2 use, if filing) | First Name | Middle | Name | | Last Name | | | | |
| Uni | ted States Banl | kruptcy Court for | the: WESTERN | DISTR | RICT OF PENI | NSYLVANIA | | | | |
| | | | | | | | | , | | |
| Cas | se number 21 | 1-21632 | | | | _ | | | ☐ Check if to amended | |
| Sc In ea think Infor | chedule | as complete and a space is needed, a | operty escribe items. List a accurate as possible | e. If two | married peopl | an asset fits In more than one le are fillng together, both are le top of any additional pages | equally resp | onsible for su | pplying correct | |
| Part | 1: Describe E | ach Residence, Be | uilding, Land, or Oti | ner Rea | 1 Estate You O | wn or Have an Interest In | | | | |
| 1. De | o you own or ha | ve any legal or eq | ultable interest in a | ny resid | dence, building | , land, or similar property? | | | | |
| Г | No. Go to Part 2 | , | | | | | | | | |
| _ | Yes. Where is t | | | | | | | | | |
| | 700, 771101010101 | ing brokerit | | | | | | | | |
| | | | | | | | | | | |
| 1.1 | | | | Wha | t is the propert | y? Check all that apply | | | | |
| | 2842 Green | | | | Single-family | home | | | ims or exemption | |
| | Street address, if | available, or other des | cription | | . 69 | ilti-unit building | | | I claims on Scheo is Secured by Pro | |
| | | | | | Condominiun | n or cooperative | | | | |
| | | | | | Manufactured | d or mobile home | Current va | lue of the | Current value | of the |
| | Greensburg | g PA | 15601-8972 | | Land | | entire pro | erty? | portion you ov | vn? |
| | City | State | ZIP Code | | | roperty | \$5 | 37,208.00 | <u>\$537,</u> | 208.00 |
| | | | | | | | | | our ownership in | |
| | | | | | | t in the property? Check one | à life estat | e), If known. | moy by the char | 01100; 01 |
| | | | | | | , | Entiretion | s | | |
| | Westmorela | and | | | | | | | | |
| | County | | | | | Debtor 2 only | | | munity property | |
| | | | | Othe | 40 | of the debtors and another you wish to add about this ite | * | structions) | | |
| | | | | | erty Identificat | | m, aucii ea il | result | | |
| | | | | Tax | ld. No. 57-1 | 18-00-0-144 | | | | |

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| Deb | otor 1 | Michael T. (| Cioffi | | | | Case nu | mber (if known) 21-2 | 21632 | |
|-----|--|------------------------------------|--------|--------------------------------|----------------------------|---|-----------------|---|---|--|
| | If you | u own or hav | e more | than one, list h | | | | | | |
| 1.2 | | | | | What | l is the property? Check all that apply | | | | |
| | | Greene Drive | | | | Single-family home | | o not deduct secured cla | | |
| | Street address, if available, or other description | | | cription | | Duplex or multi-unit building | | ne amount of any secure | | |
| | | | | | | Condominium or cooperative | | Creditors Who Have Claims Secured by Property, | | |
| | | | | | | Manufactured or mobile home | _ | | | |
| | Gree | nsburg | PA | 15601-0000 | | Land | | urrent value of the ntire property? | Current value of the portion you own? | |
| | City | | State | ZIP Code | | Investment property | | \$165,000.00 | \$165,000.00 | |
| | • | | | | | , , , | _ | | | |
| | | | | | | Other | | | our ownership interest ancy by the entireties, or | |
| | | | | | Who | has an interest in the property? Check of | | a life estate), if known. | | |
| | | | | | | Debtor 1 only | E | Entireties | | |
| | West | tmoreland | | | | Debtor 2 only | _ | | | |
| | County | | | | | Debtor 1 and Debtor 2 only | | | | |
| | | | | | | At least one of the debtors and another | er E | Check If this is corr | imunity property | |
| | | | | | Othe | r Information you wish to add about th | | | | |
| | | | | | | erty identification number: | , - | | | |
| | | | | | | ld. No. 57-18-00-0-050; 33 acre | oo with | harn: contiguous | to house | |
| 1.3 | 1 An | gel Lane address, if available, | | cription 16724-0000 ZIP Code | | Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare | () () () | Current value of the intire property? \$30,000.00 | d claims on Schedule D: | |
| | | | | | | Who has an interest in the property? Check one Debtor 1 only | | life estate), if known. Entireties | | |
| | McK | ean | | | | Debtor 2 only | | | | |
| | County | | | | Debtor 1 and Debtor 2 only | | | ¬ Check If this is con | munity property | |
| | | | | | | At least one of the debtors and another | _{er} L | (see instructions) | | |
| | | | | | Othe | r Information you wish to add about th | his item, s | uch as local | | |
| | | | | | ргор | erty Identification number: | | | | |
| | | | | | | | | | | |

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| Debtor 1 Michael | T. Cioffi | | | se number (if known) 21-2 | | | |
|---|----------------------------|------------------------|--|--|--|--|--|
| If you own or | have more | than one, list h | ere: What is the property? Check all that apply | | | | |
| 540 West Brai | | icription | Single-family home Duplex or multi-unit building Condominium or cooperative | the amount of any secure | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. | | |
| Smethport | PA State | 16749-0000 ZIP Code | Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one | Current value of the entire property? \$125,000.00 Describe the nature of y (such as fee simple, ten a life estate), if known. Entireties | | | |
| County | | 8 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this i | Check If this is come (see instructions) | nmunity property | | |
| | | | property Identification number: House + 100 acres | | | | |
| If you own or 1.5 West Branch Street address, if avail | Road | than one, list h | House + 100 acres | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | d claims on Schedule D: | | |
| West Branch | Road | | ere: What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | Current value of the entire property? \$100,000.00 Describe the nature of y (such as fee simple, ten | Current value of the portion you own? \$100,000.0 | | |
| West Branch Street address, if avail | Road able, or other des | 16749-0000 | ere: What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare | Current value of the entire property? \$100,000.00 Describe the nature of y (such as fee simple, ten | d claims on Schedule Dins Secured by Property Current value of the portion you own? \$100,000.0 | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B

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| De | btor 1 Michael T. C | ioffi_ | | Case number | (if known) | 21-21632 | |
|------|--|-------------------------|---|---------------------|-----------------------------|-------------------|--|
| 3. 0 | Cars, vans, trucks, trac | tors, sport utility ve | ehicles, motorcycles | | | | |
| Г | 3 No | | | | | | |
| | ■ Yes | | | | | | |
| _ | • res | | | | | | |
| 3. | 1 Make: Ford | | Who has an Interest in the property? Check one | Do not e | deduct secu | red claims or | exemptions. Put |
| ٥. | Model: Taurus | | Debtor 1 only | | | | s on Schedule D: ired by Property. |
| | Year: 2017 | | Debtor 2 only | | | | ent value of the |
| | Approximate mlleage | 145,000 | Debtor 1 and Debtor 2 only | | t value of the property? | | on you own? |
| | Other information | | At least one of the debtors and another | | | | |
| | | | ☐ Check If this is community property (see instructions) | | \$10,000. | 00 | \$10,000.00 |
| | | <u></u> | (see instructions) | | | | |
| | ■ No] Yes | | | | - | | |
| | | | n for all of your entries from Part 2, includin that number here | | | | \$10,000.00 |
| | | | | | | | , |
| | 13: Describe Your Perso | | ems terest in any of the following items? | | | Curren | t value of the |
| 6. F | lousehold goods and | furnishings | | | | portion Do not | you own? deduct secured or exemptions. |
| _ | <i>Examples:</i> Major appliai □ No | nces, furniture, linens | s, china, kitchenware | | | | |
| _ | Yes. Describe | | | | | | |
| | — Tes. Describe | | | | | | |
| | | Household goo | ds and furnishings (list available upon | request) | | | \$4,000.00 |
| | | | | | | | |
| [| | | eo, stereo, and digital equipment; computers, p nedia players, games | rinters, scanners | ; music co | llections; ele | ectronic devices |
| | | 5 Tvs | | | ľ | | |
| | | Computer | | | | | |
| | | Surround Soun | | | | | |
| | | printer/scanner | | | | | \$775.00 |
| | | | prints, or other artwork; books, pictures, or other | er art objects; sta | ımp, coin, ı | or baseball o | eard collections; |
| | other collecti | ons, memorabilia, co | niectibles | | | | |
| | ■ No □ Yes. Describe | | | | | | |
| ι | LI TES. DESCRIDE | | | | | | |
| | Equipment for sports a Examples: Sports, photo musical instr □ No | graphic, exercise, ar | nd other hobby equipment; bicycles, pool tables | , golf clubs, skis, | ; canoes a | nd kayaks; c | arpentry tools; |
| | ■ Yes. Describe | | | | | | |
| | — 163. Describe | | | | | | |

Official Form 106A/B

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| Debtor 1 | Michael T. | Cioffi Case number (if kn | own) <u>21</u> - | 21632 |
|------------------|---|---|------------------|--|
| | | | | |
| | | Golf Clubs | | \$500.00 |
| □ No | mples: Pistols, rit | fles, shotguns, ammunition, and related equipmeπt | | |
| | | Rifle 222 Remington Shotgun 410 Pardner Rifle 223 Remington | | \$250.00 |
| □ No | mples: Everyday | clothes, furs, leather coats, designer wear, shoes, accessories | | |
| | | Everyday Clothes | | \$250.00 |
| □ No | mples: Everyday | jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ge | ms, gold, s | silver |
| | | Wedding Ring | | \$100.00 |
| Exal | farm animals mples: Dogs, cat s. Describe | s, birds, horses | | |
| | | 1 dog & 1 cat | | \$0.00 |
| No Ye | s. Give specific d the dollar valu Part 3. Write th | ue of all of your entries from Part 3, including any entries for pages you have attached at number here | | \$5,875.00 |
| | Describe Your Fin | ancial Assets y legal or equitable interest in any of the following? | · · · | Current value of the |
| 50,02 | | , 10341 or 044114-11 | | portion you own? Do not deduct secured claims or exemptions. |
| ■ No | mples: Money yo | ou have in your wallet, in your home, in a safe deposit box, and on hand when you file your | petition | |
| 17. Depo Exai | institution | s savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerns. If you have multiple accounts with the same institution, list each. | age house | es, and other similar |
| ■ Ye | S | Institution name: | | |

Official Form 106A/B

Schedule A/B; Property

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| Debto | r1 Micha | el T. Cioffi | | | Case number (if known) | 21-21632 |
|------------------|---|---|---|---|------------------------------|-------------------------------|
| | | 17.1. | Joint Checking | Dollar | | \$2,559.82 |
| | | 17.2. | Joint Savings | Dollar Bank | | \$7,904.52 |
| 18. Bo | onds, mutual i k <i>amples:</i> Bond | funds, or public funds, investme | cly traded stocks ent accounts with broke | rage firms, money market accou | unts | 9900 |
| | Vo Yes | | Institution or issuer nar | ne: | | |
| | int venture | aded stock and | interests in incorpora | ted and unincorporated busin | nesses, including an interes | t in an LLC, partnership, and |
| | | | about them me of entity: | | % of ownership: | |
| | | En | Tech Energy Servic | es, LLC | 7.47 % | \$0.00 |
| 21. Re | on-negotiable No Yes. Give specture Stirement or posemples: Internation | cific information Issuents account ests in IRA, ERI account separat | those you cannot transf about them uer name: ts SA, Keogh, 401(k), 403(| rs' checks, promissory notes, at er to someone by signing or del (b), thrift savings accounts, or of Institution name: | livering them. | plans |
| | | 401K | | Lincoln Financial | | \$18,151.00 |
| You Ex | our share of al camples: Agre | ements with land | ts you have made so tha | at you may continue service or t lic utilities (electric, gas, water), Institution name or individua | telecommunications compar | nies, or others |
| I | | | dic payment of money to be and description. | o you, either for life or for a num | ber of years) | |
| 24: Inte 26 1 | erests in an e U.S.C. §§ 530 | (b)(1), 529A(b), | and 529(b)(1). | ified ABLE program, or under | , | - |
| | No | le or future inte | , - , | r than anything listed in line 1 | l), and rights or powers exe | rcisable for your benefit |
| 26. Pa Ex | tents, copyrig camples: Interi | ghts, trademark | s, trade secrets, and c es, websites, proceeds | other intellectual property from royalties and licensing agre | eements | |

Official Form 106A/B

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| D | ebtor 1 | Michael T. Cioffi | Case number (if known) | 21-21632 |
|----------|------------------|---|--|---|
| 27 | License Examp | es, franchises, and other general intangibles fes: Building permits, exclusive licenses, cooperative association h | oldings, liquor licenses, professional licenses | S |
| | ☐ Yes. | Give specific information about them | | |
| M | oney or p | property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions, |
| 28 | | ands owed to you | | |
| | ■ No □ Yes, 0 | Give specific information about them, including whether you alread | y filed the returns and the tax years | |
| | ■ No | support es: Past due or lump sum alimony, spousal support, child support, | maintenance, divorce settlement, property s | ettlement |
| | | | | |
| 30. | Example ■ No | mounts someone owes you es: Unpaid wages, disability insurance payments, disability benefit benefits; unpaid loans you made to someone else | is, sick pay, vacation pay, workers' compens | ation, Social Security |
| | ☐ Yes. | Give specific information | | |
| | | s In insurance policies les: Health, disability, or life insurance; health savings account (HS | (A); credit, homeowner's, or renter's insuranc | e |
| | Yes. N | lame the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| | | term life insurance; health insurance homeowners insurance; no cash value | | \$0.00 |
| | If you a someor | erest in property that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life insure has died. Sive specific information | rance policy, or are currently entitled to receive | e property because |
| | | 9/21) | ur made a damand for anymout | |
| . | Example No | against third parties, whether or not you have filed a lawsuit of es; Accidents, employment disputes, insurance claims, or rights to | sue | |
| | _ | Describe each claim | | |
| 34. | _ | ontingent and unliquidated claims of every nature, including o | ounterclaims of the debtor and rights to s | et off claims |
| | ■ No □ Yes, I | Describe each claim | | |
| 35. | Any fina ■ No | ncial assets you did not already list | | |
| | ☐ Yes, (| Give specific information | | |
| 36 | | e dollar value of all of your entries from Part 4, including any t 4. Write that number here | | \$28,615.34 |
| Pa | rt 5: Des | cribe Any Business-Related Property You Own or Have an Interest in. I | List any real estate in Part 1. | |
| 37. | Do you ov | vn or have any legal or equitable interest in any business-related prop | erty? | |
| | No. Go t | o Part 6. | | |

Schedule A/B: Property

Official Form 106A/B

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| | | | | Document | Page 10 01 51 | _ | |
|-----|----------------|--------------------|--|--------------------------|--------------------------|---|---|
| Del | btor 1 | Michael T. (| Cioffi | | | Case number (if known) | 21-21632 |
| | Yes. | Go to line 38. | | | | | |
| | | | | | | | |
| Par | | | - and Commercial Fishing-in interest in farmland, list it in | | wn or Have an Interest I | in. | |
| 46. | | ou own or have a | any legal or equitable in | terest in any farm- o | r commercial fishing | -related property? | |
| | ■ Yes | s. Go to line 47. | | | | | |
| | | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 47. | | animals | poultry, farm-raised fish | | | | |
| 1 | ■ No | ipies. Livestock, | positry, rainiviaised tisti | | | | |
| (| ⊐ Yes | | | | | | |
| | | | | | | | |
| | Crops ■ No | either growin | ng or harvested | | | | |
| | | . Give specific in | formation | | | | |
| | | , | | | | | |
| | Farm a | and fishing equ | ipment, implements, ma | achinery, fixtures, ar | nd tools of trade | | |
| 1 | Yes | | | | | | |
| | | | | | | | |
| | | | 2009 JD 4320 Tract Utility Tractor; Fron | | | itor UTV; | \$33,950.00 |
| | _ | | | | | | |
| | Farm : ■ No | and fishing sup | pplies, chemicals, and fe | eea | | | |
| | | j | | | | | |
| 51. | Any fa | arm- and comm | ercial fishing-related pr | operty you did not al | ready list | | |
| | ■ No | | | | | | |
| 1 | ☐ Yes | . Give specific in | formation | | | | |
| | | | | | | ı | |
| 52. | | | e of all of your entries fr t number here | | | | \$33,950.00 |
| | 101 7 | -ait o. Witte tila | t (Idiliber liefe | 44.000 | <u></u> | *************************************** | |
| Par | t 7: | Describe All P | roperty You Own or Have a | n Interest in That You (| Old Not List Above | | |
| 53. | | | roperty of any kind you o kets, country club membe | | | | |
| | ■ No | | | | | | |
| | ☐ Yes | Give specific in | formation | | | | |
| 54. | Add | the dollar value | e of all of your entries fr | om Part 7. Write that | number here | ************************* | \$0.00 |
| | | | • | | | | |

Official Form 106A/B Schedule A/B: Property

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| Deb | tor 1 Michael T. Cioffi | | Case number (if known) 21- | 21632 |
|------|--|-------------|---|----------------|
| Part | 8: List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | ****** | *************************************** | \$957,208.00 |
| 56. | Part 2: Total vehicles, line 5 | \$10,000.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$5,875.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$28,615.34 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$33,950.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + \$0.00 | | ä |
| 62. | Total personal property. Add lines 56 through 61 | \$78,440.34 | Copy personal property total | \$78,440.34 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$1,035,648.34 |

Official Form 106A/B

Schedule A/B: Property

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| Fill in this info | rmation to identify your | case: | | |
|---------------------|---------------------------|------------------|-----------------|------------------------------------|
| Debtor 1 | Michael T. Cioffi | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | Bankruptcy Court for the: | WESTERN DISTRICT | OF PENNSYLVANIA | |
| Case number | 21-21632 | | | |
| (if known) | | | | Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | identify the | Property You | Claim as | Exempt |
|---------|--------------|--------------|----------|--------|
|---------|--------------|--------------|----------|--------|

| 1. | Which set of exemptions are you claiming | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | | |
|----|---|---|---|--|--|--|--|--|--|--|
| | You are claiming state and federal nonbar | nkruptcy exemptions. | 11 U.S.C, § 522(b)(3) | | | | | | | |
| | ☐ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, fill in the information below. | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | | | | | | |
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | | | | | | | |
| | 2842 Greene Drive Greensburg, PA | \$537,208.00 | – | Property owned by Debtor | | | | | | |
| | 15601-8972 Westmoreland County Tax Id. No. 57-18-00-0-144 Line from <i>Schedule A/B</i> : 1.1 | | 100% of fair market value, up to any applicable statutory limit | and his spouse as joint tenants by the entireties; Under PA law, all such property is exempt from creditors of only the Debtor | | | | | | |
| | 2860 Greene Drive Greensburg, PA | \$165,000.00 | | Property owned by Debtor | | | | | | |
| | 15601 Westmoreland County Tax Id. No. 57-18-00-0-050; 33 acres with barn; contiguous to house Line from Schedule A/B: 1.2 | | 100% of fair market value, up to any applicable statutory limit | and his spouse as joint tenants by the entireties; Under PA law, all such property is exempt from creditors of only the Debtor | | | | | | |
| | 1 Angel Lane Crosby, PA 16724 | \$30,000.00 | | Property owned by Debtor | | | | | | |
| | McKean County Line from Schedule A/B: 1.3 | | 100% of fair market value, up to any applicable statutory limit | and his spouse as joint tenants by the entireties; Under PA law, all such property is exempt from creditors of only the Debtor | | | | | | |

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| Brief description of the property and line on | Current value of the | Amount of the exemption you claim | Specific laws that allow exemptio |
|---|-------------------------------------|--|---|
| Schedule A/B that lists this property | portion you own Copy the value from | Check only one box for each exemption | |
| | Schedule A/B | Check only the box for each exemption. | |
| 540 West Branch Road Smethport, PA 16749 McKean County | \$125,000.00 | | Property owned by Debtor |
| House + 100 acres Line from Schedule A/B: 1.4 | | 100% of fair market value, up to any applicable statutory limit | and his spouse as joint tenants by the entireties; Under PA law, all such property is exempt from creditors of only the Debto |
| West Branch Road Smethport, PA | \$100,000.00 | O | Property owned by Debtor |
| 16749 McKean County 100 acres + trailer from 1971 Line from <i>Schedule A/B</i> : 1,5 | | 100% of fair market value, up to any applicable statutory limit | and his spouse as joint tenants by the entireties; Under PA law, all such property is exempt from creditors of only the Debto |
| 2017 Ford Taurus 145,000 miles | \$10,000.00 | | Property owned by Debtor |
| Line from Schedule A/B: 3.1 | | 100% of fair market value, up to any applicable statutory limit | and his spouse as joint tenants by the entireties; Under PA law, all such property is exempt from creditors of only the Debto |
| Household goods and furnishings (list available upon request) | \$4,000.00 | | Property owned by Debtor |
| Line from <i>Schedule A/B</i> : 6.1 | | 100% of fair market value, up to any applicable statutory limit | and his spouse as joint tenants by the entireties; Under PA law, all such property is exempt from creditors of only the Debto |
| 5 Tvs Computer | \$775.00 | | Property owned by Debtor and his spouse as joint |
| Surround Sound printer/scanner Line from <i>Schedule A/B</i> : 7.1 | | ■ 100% of fair market value, up to any applicable statutory limit | tenants by the entireties; Under PA law, all such property is exempt from creditors of only the Debto |
| Rifle 222 Remington | \$250.00 | | Property owned by Debtor |
| Shotgun 410 Pardner Rifle 223 Remington Line from <i>Schedule A/B</i> : 10.1 | | 100% of fair market value, up to any applicable statutory limit | and his spouse as joint tenants by the entireties; Under PA law, all such property is exempt from creditors of only the Debto |
| 1 dog & 1 cat | \$0.00 | | Property owned by Debtor |
| Line from Schedule A/B: 13.1 | | 100% of fair market value, up to any applicable statutory limit | and his spouse as joint tenants by the entireties; Under PA law, all such property is exempt from creditors of only the Debto |
| Joint Checking: Dollar | \$2,559.82 | | Property owned by Debtor |
| Line from Schedule A/B: 17.1 | | 100% of fair market value, up to any applicable statutory limit | and his spouse as joint tenants by the entireties; Under PA law, all such property is exempt from |

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| btor 1 Michael T. Cioffi | | Case number (if known) | 21-21632 | |
|---|--------------------------------------|---|--|--|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | |
| | Copy the value from Schedule A/B | Check only one box for each exemption. | | |
| Joint Savings: Dollar Bank Line from Schedule A/B: 17.2 | \$7,904.52 | □ 100% of fair market value, up to | Property owned by Debtor and his spouse as joint tenants by the entireties; | |
| | | any applicable statutory limit | Under PA law, all such property is exempt from creditors of only the Debt | |
| 401K: Lincoln Financial Line from Schedule A/B: 21.1 | \$18,151.00 | | 42 PA C.S. § 8124(b)(1)(ix) | |
| Line from Schedule AVB, 21.1 | | 100% of fair market value, up to any applicable statutory limit | | |
| 2009 JD 4320 Tractor; 2012 JD x785 | \$33,950.00 | | Property owned by Debtor | |
| Tractor; 2008 JD Gator UTV; Utility Tractor; Frontier Finish Mower Line from Schedule A/B: 49.1 | | ■ 100% of fair market value, up to any applicable statutory limit | and his spouse as joint tenants by the entireties; Under PA law, all such property is exempt from creditors of only the Debtor | |

| 3. | | claiming a homestead exemption of more than \$170,350? o adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) |
|----|-----|--|
| | Νo | |
| | Yes | Did you acquire the property covered by the exemption within 1,215 days before you filed this case? |
| | | No |
| | | Yes |

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| | | Document Page 15 | of 51 | | |
|---|-------------------|---|--|--------------------------|--------------------|
| Fill in this information t | to identify yo | ur case: | | | |
| Debtor 1 Mic | hael T. Ciof | fi | | | |
| First N | | Middle Name Last Name | | - | |
| Debtor 2 (Spouse if, filing) First N | lam a | | | | |
| | | Middle Name Last Name | | - | |
| United States Bankruptcy | Court for the | : WESTERN DISTRICT OF PENNSYLVANIA | <u> </u> | _ | |
| Case number 21-2163 | 32 | | | - | |
| (if known) | | | | ☐ Check | k if this is an |
| | | | | | ded filing |
| Official Form 106 | D | | | | _ |
| | _ | 307 | | | |
| Schedule D: C | realtors | Who Have Claims Secure | d by Propert | :y | 12/15 |
| Be as complete and accurat | e as possible. | If two married people are filing together, both are e | qually responsible for s | upplying correct informs | tion if more enace |
| number (if known). | nar Page, fill it | out, number the entries, and attach it to this form. C | in the top of any addition | nal pages, write your na | me and case |
| 1. Do any creditors have cla | ims secured by | your property? | | 35% | |
| | | his form to the court with your other schedules. Y | 'Ou have nothing else | to concert on this face. | |
| Yes. Fill in all of the | e information | below | od have notting else | to report on this form. | |
| Part 1: List All Secure | | | | | |
| 2. List all secured claims. If | a creditor has r | nore than one secured claim, list the creditor separately | Column A | Column B | Column C |
| Tot each cialing it more than c | one creditor has | a particular claim, list the other creditors in Part 2, As call order according to the creditor's name. | Amount of claim | Value of collateral | Unsecured |
| | | an order according to the creditor's name. | Do not deduct the value of collateral | that supports this claim | portion If any |
| 2.1 Clarion Federal C | redit | Phonon-Thur Ab | | | II GILY |
| Creditor's Name | | Describe the property that secures the claim: | \$12,761.00 | \$10,000.00 | \$2,761.00 |
| | | 2017 Ford Taurus 145,000 miles | | | |
| | | | | | |
| 144 Holiday Inn R | | As of the date you file, the claim is: Check all that apply | | | |
| Clarion, PA 16214 | <u> </u> | Contingent | | | |
| Number, Street, City, State | & Zip Code | Unliquidated | | | |
| Miles annual the state of | | ☐ Disputed | | | |
| Who owes the debt? Check | cone. | Nature of Ilen. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only | | An agreement you made (such as mortgage or sec | ured | | |
| Debtor 1 and Debtor 2 only | | car loan) | | | |
| At least one of the debtors | | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit | | | |
| ☐ Check If this claim relate: | | Other (including a right to offset) | | | |
| community debt | | | | | |
| Date debt was incurred | | Last 4 digits of account number | | | |

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| Debtor 1 Michael T. Cioffi | | Case number (if known) 21-21632 | | | | |
|---|---|---------------------------------|--------------|--------|--|--|
| First Name Middle N | last Name | | | _ | | |
| 2.2 Elderton Bank | Describe the property that secures the claim: | \$92,000.00 | \$165,000.00 | \$0.00 | | |
| Creditor's Name | 2860 Greene Drive Greensburg, PA 15601 Westmoreland County Tax Id. No. 57-18-00-0-050; 33 acres with barn; contiguous to house | | | | | |
| 143 North Main Street Elderton, PA 15736 | As of the date you file, the claim is: Check all that apply. Contingent | | | | | |
| Number, Street, City. State & Zip Code | Unliquidated | | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of Ilen. Check all that apply. | | | | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or car loan) | secured | | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | | | |
| Date debt was Incurred | Last 4 digits of account number | <u> </u> | | | | |
| 2.3 S&T Bank | Describe the property that secures the claim: | \$292,354.64 | \$537,208.00 | \$0.00 | | |
| Creditor's Name | 2842 Greene Drive Greensburg, PA 15601-8972 Westmoreland County Tax Id. No. 57-18-00-0-144 | | | | | |
| PO Box 190 Indiana, PA 15701 | As of the date you file, the claim is: Check all that apply Contingent | • | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | | |
| Who owes the debt? Check one | ☐ Disputed Nature of Ilen. Check all that apply. | | | | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or car loan) | secured | | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | | | |
| Date debt was incurred | Last 4 digits of account number | | | | | |
| Add the dollar value of your entries in C | Column A on this page. Write that number here: | \$397,115 | | | | |
| Write that number here: | the court value totals from all hades. | \$397,115 | 5.64 | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | | | ocument | Page 17 of 51 | | |
|---|---|---|---|--|--|--|--|
| Fill | in this info | ormation to identify your | case: | | | | |
| Det | otor 1 | Michael T. Cioffi | | • | | | |
| | | First Name | Middle N | ame | Last Name | | |
| | tor 2 use if, filing) | First Name | Middle N | ате | Last Name | | |
| Unit | ted States | Bankruptcy Court for the: | WESTERN | DISTRICT OF F | PENNSYLVANIA | | |
| Cas | e number | 21-21632 | | | | | |
| (if kn | | 21-21032 | | _ | | | Check if this is an |
| | | | | | | | amended filing |
| Off | icial Fo | rm 106E/F | | | | | |
| | | E/F: Creditors W | ho Have | Unsecure | ed Claims | | 12/15 |
| iny e Sche Sche eft. / name | executory conduie G: Exe dule D: Cre Attach the C and case r | ontracts or unexpired leases soutory Contracts and Unexp ditors Who Have Claims Sectionization Page to this pagnumber (if known). | that could resi ired Leases (O ured by Proper e. If you have t | ult in a claim. Als fficial Form 106G ty. If more space no Information to | RITY claims and Part 2 for creaso list executory contracts on 5). Do not include any creditors is needed, copy the Part you report in a Part, do not file that | Schedule A/B: Property (O with partially secured cla need, fill it out, number the | fficial Form 106A/B) and on Ims that are listed in entries in the boxes on the |
| <u> </u> | | All of Your PRIORITY Un | | | | | |
| | | ditors have priority unsecure | o cialms again: | st you? | | | |
| | No _: Go to | o Part 2, | | | | | |
| | ∟ Yes. | | | | | | |
| Par | 2: List | All of Your NONPRIORIT | Y Unsecured | Claims | | | |
| 3. | Do any cred | litors have nonpriority unsec | ured claims ag | jainst you? | | - | |
| | No. You | have nothing to report in this p | art. Submit this | form to the court v | vith your other schedules. | | |
| | Yes. | | | | | | |
| 1 | unsecured c | laim, list the creditor separately | for each claim. | For each claim lis | f the creditor who holds each a sted, identify what type of claim it ou have more than three nonprio | is. Do not list claims already | included in Part 1. If more |
| | | | | | | | Total claim |
| 4.1 | | Rentals | | Last 4 digits of a | account number | | \$10,144.35 |
| | | ority Creditor's Name ndrew D. Shannon | | When was the d | aht Incurrad? | | |
| | | Leonard Mulvihill | | Wileli was the u | ent incuited i | | |
| | | rant Street, Suite 2300 |) | | | | |
| | Pittsb | ourgh, PA 15219 r Street City State Zip Code | | As of the date w | ou file, the claim is: Check all th | ant name. | |
| | | curred the debt? Check one | | As of the date yo | ou me, me claim is: Check an ir | іат арріу | |
| | | tor 1 only | | ☐ Contingent | | | |
| | _ | tor 2 only | | ■ Unliquidated | | | |
| | | for 1 and Debtor 2 only | | ☐ Disputed | | | |
| | | east one of the debtors and and | ther | • | ORITY unsecured claim: | | |
| | | ck if this claim is for a comm | | ☐ Student loans | i | | |
| | debt | | • | | rising out of a separation agreem | ent or divorce that you did n | ot |
| | | laim subject to offset? | | report as priority | | | |
| | ■ No | | | • | sion or profit-sharing plans, and o | ther similar debts | |
| | ☐ Yes | | | Other, Specify | Business Debt | 5 | |
| | | | | | | | |

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| Debtor | Michael T. Cioffi | Case number (if known) 21-21632 | |
|--------|---|---|----------------|
| 4.2 | LVNV Funding, LLC Nonpriority Creditor's Name | Last 4 digits of account number | \$6,691.00 |
| | PO Box 10497 | When was the debt incurred? | |
| | Greenville, SC 29603 Number Street City State Zip Code Who incurred the debt? Check one | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ■ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check If this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ Ng | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other, Specify Business Debt - Company Fuel Card | |
| 4.3 | Rintegrity LLC | Last 4 digits of account number | £4 000 000 00 |
| | Nonpriority Creditor's Name | | \$1,000,000.00 |
| | c/o Jana S. Pail | When was the debt incurred? | |
| | Whiteford, Taylor, Preston LLP 200 First Avenue, 3rd Floor | | |
| | Pittsburgh, PA 15222 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | ■ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check If this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other, Specify Business Debt | |
| 4.4 | Sallie Mae | Last 4 digits of account number | \$30,605.00 |
| | Nonpriority Creditor's Name PO Box 70233 | When was the debt incurred? | · · · |
| | Philadelphia, PA 19176-0233 | ANIGH Was the nept incritent | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ■ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other, Specify | |
| | | Student Loans | |

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| Debtor | 1 Micha | el T | . Cioffi | - | Case no | umber (if known) | 21-21632 | |
|--------------|----------------------|-------------|---|--|------------|---------------------|--------------------|------------------------|
| 4.5 | USAA | | | Last 4 digits of account number | | | | \$500.00 |
| | 10750 M | cDe | ditor's Name ermott Freeway D, TX 78288 | When was the debt Incurred? | | | | |
| | Number St | reet (| City State Zip Code | As of the date you file, the claim | ls: Check | all that apply | | |
| | ■ Debtor | | | ☐ Contingent | | | | |
| | Debtor: | _ | • | Unliquidated | | | | |
| | _ | | , i Debtor 2 only | ☐ Disputed | | | | |
| | | | of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | | |
| | | | s claim is for a community | ☐ Student loans | | | | |
| | debt | | bject to offset? | Obligations arising out of a sep report as priority claims | aration ag | reement or divorce | that you did not | |
| | ■ No | | | Debts to pension or profit-shari | ng plans, | and other similar d | ebts | |
| | Yes | | | Other, Specify Credit Car | | | | |
| 4.6 | Welton [| | | Last 4 digits of account number | | | | \$384,785.67 |
| | c/o Brad Bassi, V | lley ree | M. Bassi land & Associates, PC | When was the debt incurred? | | | | |
| | Charlero | | ield Avenue A 15022 | | | | | |
| | | | City State Zip Code | As of the date you file, the claim | ls: Check | all that apply | | |
| | _ | | he debt? Check one | Contingent | | | | |
| | Debtor | | • | _ | | | | |
| | Debtor : | 0.00 | 77 97 20 27 77 77 | Unliquidated | | | | |
| | _ | | Debtor 2 only | Disputed | | | | |
| | _ | | of the debtors and another | Type of NONPRIORITY unsecure Student loans | ed claim: | | | |
| | ☐ Check I debt | if this | s claim is for a community | ☐ Obligations arising out of a sep | aration as | roomont or divorce | that was did not | |
| | | n sul | bject to offset? | report as priority claims | aration ay | reement or divorce | that you did not | |
| | ■ No | | | Debts to pension or profit-shari | ng plans, | and other similar d | ebts | |
| | ☐ Yes | | | Other, Specify Business I | Debt - p | ending lawsu | it | |
| Part 3: | List Ot | hers | to Be Notified About a Debt 3 | That You Already Listed | | | | |
| | | | | ut your bankruptcy, for a debt that | | | | |
| have i | more than o | ne c | | one else, list the original creditor in ou listed in Parts 1 or 2, list the add ubmit this page. | | | | |
| Part 4: | Add the | е Аг | nounts for Each Type of Unse | cured Claim | | | | |
| | the amounts | | | . This information is for statistical (| reporting | purposes only. 2 | 3 U.S.C. §159. Add | I the amounts for each |
| | | | | | | Total | Claim | |
| | | ва | Domestic support obligations | | 6a. | s | 0.00 | |
| Total claims | | | | | | | | • |
| from Pa | art 1 | 6b. | Taxes and certain other debts yo | u owe the government | 6b. | s | 0.00 | _ |
| | | 6c. | Claims for death or personal Inju | | 6c. | \$ | 0.00 | • |
| | | 6d | Other. Add all other priority unsecu | ired claims. Write that amount here. | 6d. | <u>*</u> | 0.00 | · |
| | | 6e | Total Priority. Add lines 6a through | h 6d. | 6e. | \$ | 0.00 | |
| | | | | | | Total | Claim | |
| _ | | 61. | Student loans | | 6f. | \$ | 30,605.00 | |
| Total claims | | | | | | | | |
| from Pa | art 2 | 6g. | Obligations arising out of a sepa | | 6g. | \$ | 0.00 | |
| | | 6h. | you did not report as priority claid Debts to pension or profit-sharing | | 6h | \$ | | |

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| Debtor 1 | Michael T. Cloffi | | | Case nur | mber (if known) | 21-21632 | |
|----------|-------------------|--|-----------|----------|-----------------|--------------|--|
| | | | | | | 0.00 | |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write the here. | it amount | 6i. | \$ | 1,402,121.02 | |
| | 6j. | Total Nonpriority. Add lines 6f through 6i | | 6j. | \$ | 1,432,726.02 | |

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|------------------|-----------------|-----------------------|
| Debtor 1 | Michael T. Cioffi | | · | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT | OF PENNSYLVANIA | |
| Case number | 21-21632 | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for
 example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts
 and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code State what the contract or lease is for

2.1 Dominion Transmission 925 White Oaks Blvd Bridgeport, WV 26330

Gas Storage Lease - \$150/year + free gas

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| | | Documen | il raye 22 01 31 | |
|--------------------------------|---|--|---|---|
| Fill in t | his information to identify y | our case: | | |
| Debtor | 1 Michael T. Cid | offi | | \neg |
| | First Name | Middle Name | Last Name | |
| Debtor (Spouse it | | Middle Name | Last Name | |
| United : | States Bankruptcy Court for the | ne: WESTERN DISTRICT O | | |
| omicu . | otates bankruptcy court for tr | ie. WESTERN DISTRICT C | P FENNS FEVANIA | |
| Case no | 21 21002 | | | |
| ii known) | | | | Check if this is an amended filing |
| | | | | anended ming |
| Offic | ial Form 106H | | | |
| Sche | edule H: Your Co | odebtors | | 12/15 |
| | | | | |
| eopie a II it out our na | are filing together, both are t, and number the entries in me and case number (if kno | equally responsible for supp the boxes on the left. Attach wn). Answer every question. | ts you may have. Be as complete and ac- lying correct information. If more space the Additional Page to this page. On the do not list either spouse as a codebtor. | is needed, copy the Additional Page. |
| | No. | | | |
| | | | | |
| | | | | |
| 2. V Ariz | Vithin the last 8 years, have cona, California, Idaho, Louisi | you lived in a community pro ana, Nevada, New Mexico, Ρυε | operty state or territory? (Community properto Rico, Texas, Washington, and Wiscons | perty states and territories include in.) |
| I | No. Go to line 3. | | | |
| | es. Did your spouse, former | spouse, or legal equivalent live | with you at the time? | |
| in li For | ine 2 again as a codebtor o | nly if that person is a guarant | spouse as a codebtor if your spouse is f for or cosigner. Make sure you have liste ale G (Official Form 106G). Use Schedule | d the creditor on Schedule D (Official |
| | Column 1: Your codebtor Name, Number, Street, City, State a | and ZIP Code | | creditor to whom you owe the debt dules that apply: |
| 3,1 | Leah Cioffi | | ☐ Schedule [| D, line |
| | 2842 Greene Drive Greensburg, PA 15601 | | | F, line <u>4.4</u> |
| | Oreensburg, FA 15001 | | ☐ Schedule 0 | <u> </u> |
| | | | Sallie Mae | |
| | | 2,444 | 200 | |
| 3.2 | Quinn Cioffi | | Schedule D | line 23 |
| | 2842 Green Drive | | | E/F, line |
| | Greensburg, PA 15601 | | ☐ Schedule G | |
| | | | S&T Bank | |
| 0 | | | | |
| 3.3 | Quinn Cioffi | | = | |
| 0.0 | 2842 Green Drive | | |), line2.1 |
| | Greensburg, PA 15601 | | □ Schedule E | E/F, line |
| | | | | ral Credit Union |
| | | | | |

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| Debtor | Michael T. Cioffi | Case number (if known) 21-21632 | | | |
|--------|--|--|--|--|--|
| | Additional Page to List More Codebtors | | | | |
| | Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt Check all schedules that apply: | | | |
| 3.4 | Quinn Cioffi 2842 Green Drive Greensburg, PA 15601 | Schedule D, line 2.2 Schedule E/F, line Schedule G Elderton Bank | | | |

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| Fill | I in this information to identify your | case: | | | | Ţ | | | |
|--------------|---|--|---|-----------|-------|-----------------------|----------------------------|---------------|---------|
| De | ebtor 1 Michael T. | Cioffi | | | | | | | |
| | ebtor 2 ouse, if filing) | | | | _ | | | | |
| Un | ited States Bankruptcy Court for th | ne: WESTERN DISTRIC | T OF PENNSYLVAN | IA | | | | | |
| Ca | se number 21-21632 | | | | | Check if this is | 5 : | | |
| (If k | nown) | | - | | | ☐ An amend | ed filing | | |
| _ | | | | | | | nent showing p | | hapter |
| <u>O</u> | fficial Form 106I | | | | | MM / DD/ | YYYY | | |
| S | chedule I: Your Inc | come | | | | | | | 12/15 |
| | rt 1: Describe Employmen Fill in your employment | | Debtor 1 | our nam | e and | | | | uestion |
| | Information. | | | | _ | | 2 or non-filing |) spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | ■ Emp | loyed employed | | |
| | employers. | Occupation | Project Manage | er_ | | Title A | bstracter | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | ROK Maryland | LLC | | Angel | Abstract | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 1017 Brightsea Hyattsville, MD | | | | reene Drive burg, PA 15 | | |
| | | How long employed t | here? 10 mor | iths | | | 20 + years | | _ |
| Pai | Give Details About Me | onthly Income | | | | | | | |
| Esti spoi | imate monthly income as of the use unless you are separated. | date you file this form. If | you have nothing to r | eport for | any | ine, write \$0 in the | space. Includ | e your non-fi | iling |
| f yo | ou or your non-filing spouse have n e space, attach a separate sheet t | nore than one employer, co o this form. | ombine the informatio | n for all | empk | oyers for that pers | on on the lines | below. If you | u need |
| | | | | | | For Debtor 1 | For Debtor | | |
| 2. | List monthly gross wages, sal deductions). If not paid monthly | | | 2. | \$ | 6,825.00 | \$ | 0.00 | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross Income. Add | ine 2 + line 3. | | 4. | S | 6.825.00 | \$ | 0.00 | |

Official Form 1061 Schedule I: Your Income page 1

| Deb | tor 1 | Michael T. Cioffi | | | Cas | e number (if known) | 21 | I-21632 | | |
|-----|---|---|------|------------|---------|---------------------|----------|---------------|-----------------------|------|
| | Cor | y line 4 here | 4. | | Fo | or Debtor 1 | | or Debtor 2 o | JSe | |
| _ | · | *************************************** | 44. | | ٦- | 6,825.00 | 3 | | 0.00 | |
| 5. | | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | | a . | S | 580.13 | \$ | | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | | b. | \$ | 0.00 | \$ | | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | | Ç. | \$ | | \$ | | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | | d. | \$ | 0.00 | \$ | | 0.00 | |
| | 5e. | Insurance | _ | e. | \$ | 0.00 | \$ | | 0.00 | |
| | 5f. | Domestic support obligations | 51 | | \$ | 0.00 | \$ | | 0.00 | |
| | 5g. | Union dues | | g. | \$_ | 0.00 | \$ | | 0.00 | |
| | 5h. | Other deductions. Specify: | _ 5 | h.+ | \$_ | 0.00 | + \$ | | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 580.13 | \$ | | 0.00 | |
| 7. | Cale | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 6,244.87 | \$ | | 0.00 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | | a. | \$_ | 0.00 | \$ | - 1,201 | | |
| | 8b. | Interest and dividends | 81 | b. | \$ | 0.00 | \$ | | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce | | _ | • | 2.02 | œ. | | | |
| | 8d. | settlement, and property settlement. | | c. d. | \$ S | 0.00 | \$ | | 0.00 | |
| | 8e. | Unemployment compensation Social Security | | u. e. | s- | 0.00 | \$ \$ | | 0.00 | |
| | 8f. | Other government assistance that you regularly receive | 01 | C . | ٦- | 0.00 | Φ | | 0.00 | |
| | OI. | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 81 | f. | \$ | 0.00 | \$ | í (| 0.00 | |
| | 8g. | Pension or retirement income | 89 | g. | \$ | 0.00 | \$ | (| 0.00 | |
| | 8h. | Other monthly income. Specify: | _ 81 | h.+ | \$ | 0.00 | + \$ | | 0.00 | |
| 9, | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | 0.00 | \$ | 1,25 | 50.00 | |
| 10 | Cald | culate monthly income. Add line 7 + line 9. | 10. | s | | 6,244.87 + \$ | | 1,250.00 = | 5 7,494 | 1 07 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10, | | | 0,244.07 | _ | 1,250.00 | 7,494 | +.07 |
| 11. | 1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | | | | |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | | 7,494 | 1.87 |
| | | | | | | | | | mbined inthly inco | me |
| 13. | Doy | ou expect an increase or decrease within the year after you file this form? | ? | | | | | | | |
| | | No. | | | | | | | | |
| | | Yes Explain: | | | | | | | | |

| Fill | in this information to identify y | our case: | | | l | | |
|------|--|---------------|--|--|--|--|--|
| Deb | tor 1 Michael T. C | ioffi | | | Chec | ck if this is: | |
| Dab | tor 2 | | | | | An amended filling | ving postpetition chapter |
| | ouse, if filing) | | | | | 13 expenses as of | |
| Unit | ed States Bankruptcy Court for the | : WESTE | ERN DISTRICT OF PENNS | SYLVANIA | - | MM/DD/YYYY | |
| Case | e number 21-21632 | | | | | | |
| | nown) | | | | | | |
| | | | | | J | | |
| Of | fficial Form 106J | | | | | | |
| | chedule J: Your | | | | | | 12/1 |
| info | as complete and accurate a ermation. If more space is no nber (if known). Answer eve | eded, atta | ich another sheet to this | e filing together, b form. On the top o | oth are equ f any addition | ally responsible fo onal pages, write y | r supplying correct our name and case |
| Par | | ehold | | | | | |
| 1;: | Is this a joint case? | | | | | | |
| | No. Go to line 2. Yes. Does Debtor 2 live | in a separ | ate household? | | | | |
| | □ No | • | | | | | |
| | ☐ Yes. Debtor 2 mu | st file Offic | ial Form 106J-2, Expenses | for Separate House | ehold of Deb | tor 2. | |
| 2. | Do you have dependents? | □ No | | | | | |
| | Do not list Debtor 1 and Debtor 2. | M Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | | □ No |
| | dependents names. | | | Child | | | ■ Yes □ No |
| | | | | Child | | 20 | Yes |
| | | | | | | | □ No |
| | | | | | | | Yes |
| | | | | | | | □ No □ Yes |
| 3. | Do your expenses include | | l _{Na} | | | - | □ Yes |
| | expenses of people other | than _ | l Yes | | | | |
| | yourself and your depende | ents? — | | | | | |
| Par | Estimate Your Ongo imate your expenses as of y | ing Month | ly Expenses | ou are using this f | orm as a si | innlement in a Cha | inter 13 case to report |
| exp | mate your expenses as or y enses as of a date after the dicable date. | bankrupto | cy is filed. If this is a supp | plemental Schedule | J, check t | ne box at the top o | f the form and fill in the |
| Inci | ude expenses paid for with | non-cash | government assistance i | f you know | | | 7 7 7 |
| | value of such assistance ar ficial Form 106l.) | nd have in | cluded it on Schedule I: \ | our Income | | Your exp | enses |
| (0) | ncial Conn 100i., | | | | Second State of Second State o | | |
| 4. | The rental or home owner payments and any rent for the | | | nclude first mortgag | e 4. \$ | · | 1,240.61 |
| | If not included in line 4: | | | | | | |
| | 4a. Real estate taxes | | | | 4a. \$ | . | 500.00 |
| | 4b. Property, homeowner | | | | 4b. \$ | | 166.00 |
| | 4c. Home maintenance, r | | | | 4c. \$ | | 250.00 |
| 5. | 4d. Homeowner's associated Additional mortgage paym | | | me equity loans | 4d. 5 | | 0.00 |
| J. | Manitional mortgage hayn | ionia ioi y | | The equity louris | ٠. ١ | | 4.00 |

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| | tor 1 Michael T. Cioffi | Case num | ber (if known) | 21-21632 |
|----------|--|--------------|----------------|------------------------------|
| 6. | Utilities: | | | |
| ٠. | 6a. Electricity, heat, natural gas | 6a. | \$ | 265.00 |
| | 6b. Water, sewer, garbage collection | 6b. | - | |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ —— | 25.00 |
| | 6d. Other. Specify: | 6d. | | 614.71 |
| , . | Food and housekeeping supplies | — GG, | \$ | 0.00 |
| 3. | Childcare and children's education costs | 8. | | 1,200.00 |
|).). | · · · · · · · · · · · · · · · · · · · | | \$ | 188.00 |
| | Clothing, laundry, and dry cleaning | 9. | \$ | 300.00 |
| | Personal care products and services | 10. | \$ | 250.00 |
| 1. | | 11. | \$ | 100.00 |
| 2. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | s | 500.00 |
| 3 | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | | |
| | | | - | 200.00 |
| | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| J. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | s | 46.00 |
| | 15b. Health insurance | 15a. 15b. | - | 46.00 |
| | 15c. Vehicle insurance | 15c. | • | 1,200.00 |
| | | | | 416.00 |
| _ | 15d. Other insurance. Specify: | 15d. | > | 0.00 |
| D. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | 40 | • | |
| 7 | Specify: | 16. | \$ | 0.00 |
| 1. | Installment or lease payments: | 470 | e | 000.00 |
| | 17a. Car payments for Vehicle 1 | 17a. | - | 360.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | - | 540.00 |
| | 17c. Other. Specify: | 17c. | - | 0.00 |
| _ | 17d. Other, Specify: | 17d. | \$ | 0.00 |
| 8. | Your payments of alimony, maintenance, and support that you did not report as | | • | 0.00 |
| 0 | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | . 18. | | |
| IJ. | Other payments you make to support others who do not live with you. | 46 | \$ | 0.00 |
| 0 | Specify: | 19. | | |
| U. | Other real property expenses not included in lines 4 or 5 of this form or on Sch | | | 0.00 |
| | 20a. Mortgages on other property | 20a. | | 0.00 |
| | 20b. Real estate taxes | 20b. | | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | • | 0.00 |
| 1. | Other: Specify: | 21. | +\$ | 0.00 |
| 2 | | | | |
| ۷. | Calculate your monthly expenses | | | 0.004.00 |
| | 22a. Add lines 4 through 21. | | \$ | 8,361.32 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 8,361.32 |
| 2 | Calculate your monthly not income | | | |
| J. | Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | e | 7 404 07 |
| | * * * | | - | 7,494.87 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b. | -a | 8,361.32 |
| | 22a Cubband yaya manibba ayanana fara yaya manibba inanana | | | |
| | 23c. Subtract your monthly expenses from your monthly income. | 23c. | s | -866.45 |
| | | Z.30 | | |
| | The result is your monthly net income. | 230. | | |
| 24 | The result is your monthly net income. | | <u> </u> | |
| 24. | The result is your <i>monthly net income</i> . Do you expect an increase or decrease in your expenses within the year after your | ou file this | form? | ase or decrease because of a |
| 4. | The result is your monthly net income. | ou file this | form? | ase or decrease because of a |
| !4. | The result is your <i>monthly net income</i> . Do you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect you | ou file this | form? | ase or decrease because of a |

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| Fill in this inf | ormation to identify your | case: | | | | |
|---------------------------------|---|-------------------------|--|--|---------------------------------|--|
| Debtor 1 | Michael T. Cioffi | | | · | | |
| D-140 | First Name | Middle Name | Lest Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court for the: | WESTERN DISTRIC | T OF PENNSYLVANIA | <u> </u> | | |
| Case number | 21-21632 | | | | | |
| (if known) | | | | | _ | Check if this is an imended filing |
| | | | | | | |
| Official Fo | rm 106Dec | | | | | |
| Declara | ation About a | ın Individu | al Debtor's | Schedules | | 12/15 |
| - | | | | | | |
| r two married | people are filing together | r, both are equally res | ponsible for supplyIn | g correct information. | | |
| btaining mon | this form whenever you fi ney or property by fraud ii . 18 U.S.C. §§ 152, 1341, 1 | n connection with a b | iles or amended sched ankruptcy case can re | dules. Making a false sta sult in fines up to \$250,0 | itement, conc 000, or impris | ealing property, or onment for up to 20 |
| s | ign Below | | | | | |
| Did you | pay or agree to pay some | one who is NOT an a | ttorney to help you fill | out bankruptcy forms? | | |
| ■ No | | | | | | |
| ☐ Yes. | . Name of person | | | | | on Preparer's Notice, ure (Official Form 119) |
| | nalty of perjury, I declare are true and correct. | that I have read the s | ummary and schedule | s filed with this declarat | tion and | |
| X /s/ M | ichael T. Cioffi | | x | | | |
| Mich | ael T. Cioffi ture of Debtor 1 | | Signatu | re of Debtor 2 | | - |
| Date | August 13, 2021 | | Date | | 11,000 | |
| | | | | | | |

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| E:II | 1 - At- | :- ! (| -414 | <u> </u> | | | |
|-------------|----------|----------------------|---|-----------------------------------|--|---|------------------------------------|
| | | | ation to identify you | | | | |
| Dei | btor 1 | | Michael T. Cioffi | Middle Name | Last Name | | |
| | btor 2 | | | | | | |
| (Spo | ouse if, | filing) | First Name | Middle Name | Last Name | | |
| Uni | ited S | tates Ban | kruptcy Court for the: | WESTERN DISTRICT O | F PENNSYLVANIA | | |
| Ca | se nu | mber 2 | 1-21632 | | | | |
| (if kr | nown) | 8: | | | | | Check if this is an |
| | | | | | | | amended filing |
| f | fiai | al Ear | m 107 | | | | |
| | | | <u>m 107</u> | Affaira far Indivi | duolo Eilina for D | lankumtar | |
| | _ | | | | duals Filing for B | | 4/19 |
| | | | | | | equally responsible for sup y additional pages, write yo | |
| nun | nber (| (if known) | . Answer every que | stion. | • | | |
| Pai | rt 1: | Give De | tails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | Wha | at is your | current marital statu | s? | | | |
| | _ | | | | | | |
| | | Married Not marri | ed | | | | |
| _ | _ | | | | | | |
| 2. | Duri | ing the la: | st 3 years, have you | lived anywhere other than | where you live now? | | |
| | | No | | | | | |
| | | Yes. List | all of the places you I | ived in the last 3 years. Do n | ot include where you live nov | v. | |
| | Det | otor 1 Pric | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | idress: | Dates Debtor 2 lived there |
| 3. state | | | | | | ity property state or territorico, Texas, Washington and \ | |
| | | No | | | | | |
| | | | e sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| - | 4.0 | | W C | - b | | | |
| Par | τ 2 | Explain | the Sources of You | rincome | · | | |
| 4. | Fill i | n the total | amount of income yo | u received from all jobs and a | ng a business during this you all businesses, including part e together, list it only once u | | ndar years? |
| | П | No | | | | | |
| | | | n the details. | | | | |
| | | | | Debtor 1 | | Debtor 2 | |
| | | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | | | f current year until for bankruptcy: | Wages, commissions, bonuses, tips | \$49,000.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | | Operating a business | | Operating a business | |

Official Form 107

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| De | btor ' | Mi | chael T. C | ioffi | | Case | e number (if known) | 21-21632 | · · · · · · · · · · · · · · · · · · · |
|----|--------|------------------------|-------------------------|-----------------|---|---|------------------------------------|---------------|---|
| | | | | | | | | | |
| | | | | | Debtor 1 | | Debtor 2 | | |
| | | | | | Sources of income Check all that apply. | Gross Income (before deductions and exclusions) | Sources of Inc Check all that a | | Gross income (before deductions and exclusions) |
| | | | dar year: December | 31, 2020) | Wages, commissions, bonuses, tips | \$70,249.00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | | Operating a business | | Operating a | business | |
| | | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$58,000.00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | winz | nings. each : No | if you are fil | ing a joint cas | pensions; rental income; inter se and you have income that y ome from each source separal | ou received together, list it o | nly once under De | ebtor 1. | gambling and lottery |
| | | | | | Debtor 1 | | Debtor 2 | | |
| | | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Pa | rt 3: | List | : Certain Pa | ıyments You | Made Before You Filed for I | Bankruptcy | | | |
| 3. | Are | eithe | Debtor 1's | or Debtor 2 | 's debts primarily consumer | debts? | | | |
| | | No. | | | Debtor 2 has primarily consu personal, family, or househol | | s are defined in 11 | U.S.C. § 101 | (8) as "incurred by an |
| | | | During the No. | 90 days befo | ore you filed for bankruptcy, di 7. | d you pay any creditor a tota | l of \$6,825* or mo | 'e? | |
| | | | □ Yes | paid that cr | each creditor to whom you pai editor. Do not include paymen payments to an attorney for the | ts for domestic support oblig | | | |
| | | | * Subject | | t on 4/01/22 and every 3 years | | or after the date o | f adjustment. | |
| | | Yes. | | | or both have primarily consu ore you filed for bankruptcy, di | | l of \$600 or more? | ı | |
| | | | □ No. | Go to line 7 | , | | | | |
| | | | □ _{Yes} | include pay | each creditor to whom you pai rments for domestic support ol r this bankruptcy case. | | | | |
| | Cre | ditor' | s Name and | d Address | Dates of payme | nt Total amount paid | Amount you still owe | Was this p | ayment for |

Case 21-21632-JAD Doc 12 Filed 08/13/21 Entered 08/13/21 11:45:23 Desc Main Page 31 of 51 Document Debtor 1 Michael T. Cioffi Case number (if known) 21-21632 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and No ☐ Yes. List all payments to an insider. Insider's Name and Address **Dates of payment** Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsult, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Rintegrity, LLC Assignee of Confession of Court of Common Pleas Pendina Somerset Trust Company vs. **Judgment** Westmoreland County On appeal Michael Cioffi 2 N Main St □ Concluded No. 1312 of 2021 Greensburg, PA 15601-2405 Welton D. Shipe Jr. vs. Enech Breach of **Court of Common Pleas** Pending Enregy Serices, LLC, Raymond Contract **Washington County** On appeal Huckstein and Michael T. Cioffi 1 S Main St ☐ Concluded 2021-1358 Washington, PA 15301-6813 Rintegrity LLC vs Michael T. Cioffi Fraudulent **Court of Common Pleas** Pending and Quinn Cioffi Conveyance McKean County ☐ On appeal 348 C.D. 2021 500 W. Main Street ☐ Concluded Smethport, PA 16749

 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

| No. | Ga | to | fine | 11 |
|-----|----|----|------|----|

Yes. Fill in the information below.

Creditor Name and Address

Describe the Property

Date

Value of the property

Explain what happened

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Creditor Name and Address

Describe the action the creditor took

Date action was taken

Amount

Case 21-21632-JAD Doc 12 Filed 08/13/21 Entered 08/13/21 11:45:23 Desc Main Page 32 of 51 Document Debtor 1 Michael T. Cioffi Case number (if known) 21-21632 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Mο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Robert O Lampl Law Office **Attorney Fees** \$7,500.00 Benedum Trees Building 223 Fourth Avenue, 4th Floor Pittsburgh, PA 15222 rlampl@lampllaw.com

Page 33 of 51 Document Debtor 1 Michael T. Cioffi Case number (if known) 21-21632 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. ☐ No Yes. Fill in the details. Person Who Received Transfer Description and value of Describe any property or Date transfer was **Address** property transferred payments received or debts made paid in exchange Person's relationship to you **Quinn Cioffi** 540 West Branch Road June 2020 2824 Greene Drive West Branch Road Greensburg, PA 15601-8972 Father passed in May of Wife 2020. Prior to his passing, Debtor owned properites with father as JTWROS. Upon his father's death. Debtor transferred properties to Debtor and Debtor's spouse (entireties) for estate planning purposes. 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No П Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance closed, sold, Address (Number, Street, City, State and ZIP account number instrument before closing or Code) moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it?

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State and ZIP Code)

Case 21-21632-JAD

Desc Main

Page 34 of 51 Document Debtor 1 Michael T. Cioffi Case number (if known) 21-21632 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? ☐ Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. ■ No Yes. Fill in the details. Owner's Name Where is the property? Describe the property Value Address (Number, Street, City, State and ZIP Code) (Number, Street, City, State and ZIP Code Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes, Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code1 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? oxdot A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Case 21-21632-JAD Doc 12 Filed 08/13/21 Entered 08/13/21 11:45:23 Desc Main Page 35 of 51 Document Debtor 1 Michael T. Cioffi Case number (if known) 21-21632 A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Entech Energy Services, LLC Metal abrication EIN: 105 Mahoning Avenue From-To July 2018 - November 2020 New Castle, PA 16102 **LECA LLC Business Consulting** EIN: 2842 Greene Drive Greensburg, PA 15601 From-To 2014 - 2018 or 2019 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael T. Cioffi Signature of Debtor 2 Michael T. Cioffi Signature of Debtor 1 Date August 13, 2021 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| | lation to identity your case. | | |
|---------------------------------|--|--|--------------------------------------|
| Debtor 1 | Michael T. Cioffi | | |
| | First Name Middle N | lame Last Name | |
| Debtor 2 (Spouse if, filing) | First Name Middle N | lame Last Name | |
| United States Bar | nkruptcy Court for the: WESTERN | DISTRICT OF PENNSYLVANIA | |
| Casa sumbas | 4 04000 | | |
| Case number 2 | 1-21632 | | ☐ Check if this is an amended filing |
| | | | |
| Official For | m 108 | | |
| | | alleddoods Fills and the control of | _ |
| Statemen | t of intention for in | idividuals Filing Under Chapte | er / 12/15 |
| 15 | 1-b | | |
| | ridual filing under chapter 7, you m claims secured by your property, | | |
| _ | | | |
| | ed personal property and the lease form with the court within 30 days | nas not expired. safter you file your bankruptcy petition or by the date so | et for the meeting of creditors. |
| whichev | er is earlier, unless the court exter | nds the time for cause. You must also send copies to th | |
| on the f | orm | | |
| | | se, both are equally responsible for supplying correct in | nformation. Both debtors must |
| sign and | d date the form. | | |
| Be as complete a | nd accurate as possible. If more sp | pace is needed, attach a separate sheet to this form. On | the top of any additional pages, |
| write yo | ur name and case number (if know | m). | |
| Part 1: List Yo | ur Creditors Who Have Secured CI | aims | |
| 1 For any gradita | re that you listed in Bart 4 of Seha | dule D: Creditors Who Have Claims Secured by Property | A ADMINISTRATION AND SHARE |
| information bel | ow. | | / (Omcial Form 106D), fill in the |
| Identify the cre | ditor and the property that is collater | What do you intend to do with the property that secures a debt? | |
| | | secures a dept? | as exempt on Schedule C? |
| | | | |
| | arion Federal Credit Union | ☐ Surrender the property. | □ No |
| name: | | Retain the property and redeem it. | |
| Description of | 2017 Ford Taurus 145,000 mile | Retain the property and enter into a Reaffirmation Agreement. | Yes |
| property | , | Retain the property and [explain]: | |
| securing debt:: | | make current payments | |
| | | | |
| Creditor's EM | dardan Bank | | |
| name: | derton Bank | ☐ Surrender the property. ☐ Retain the property and redeem it. | □ No |
| rianto. | | Retain the property and redeem it. | Yes |
| Description of | 2860 Greene Drive Greensbur | 9. Reaffirmation Agreement. | 03 |
| property | PA 15601 Westmoreland | Retain the property and [explain]: | |
| securing debt: | County Tax Id. No. 57-18-00-0-050; 33 | | |
| | acres with barn; contiguous to | o | |
| | house | make current payments | _ |
| | | | |
| Creditor's S8 | T Bank | ☐ Surrender the property. | □ No |
| name: | | Retain the property and redeem it. | 140 |
| | | ☐ Retain the property and enter into a | Yes |
| | | | |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

page 1

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| Debtor 1 Michael T. Cioffi | Case number (if known) | 21-21632 |
|---|--|---------------------------------|
| Description of property PA 15601-8972 Westmoreland County Tax Id. No. 57-18-00-0-144 | Reaffirmation Agreement. Retain the property and [explain]: make current payments | . . |
| Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed | d in Cohodula Co Turantary Contracts and Harris | 11 |
| in the information below. Do not list real estate leases. U You may assume an unexpired personal property lease if | nexpired leases are leases that are still in effect; the | lease period has not yet ended. |
| Describe your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's name | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property; | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Lessor's name: Description of leased | | □ No |
| Property: | | ☐ Yes |
| Part 3: Sign Below | | <u> </u> |
| Under penalty of perjury, I declare that I have indicated moreoperty that is subject to an unexpired lease. | y intention about any property of my estate that sec | ures a debt and any personal |
| X /s/ Michael T. Cioffi | X | |
| Michael T. Cioffi Signature of Debtor 1 | Signature of Debtor 2 | |
| Date August 13, 2021 | Date | |

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| Fill in this information to identify your case: | Check one box only as | s directed in this form and in Form |
|---|---|---|
| Debtor 1 Michael T. Cioffi | 122A-1Supp: | |
| Debtor 2 (Spouse, if filing) | ■ 1. There is no pro | esumption of abuse |
| United States Bankruptcy Court for the: Western District of Pennsylvania | 2. The calculation applies will be | n to determine if a presumption of abuse a made under Chapter 7 Means Test |
| Case number <u>21-21632</u> | | Official Form 122A-2). |
| (if known) | ☐ 3. The Means Te qualified milita | est does not apply now because of ary service but it could apply later. |
| | ☐ Check if this is | an amended filing |
| Official Form 122A - 1 | | |
| Chapter 7 Statement of Your Current Monthly I | ncome | 04/20 |
| Be as complete and accurate as possible. If two married people are filing together, both are eattach a separate sheet to this form. Include the line number to which the additional informaticase number (if known). If you believe that you are exempted from a presumption of abuse be qualifying military service, complete and file Statement of Exemption from Presumption of All Part 1: Calculate Your Current Monthly Income | tion applies. On the top of ecause you do not have o | any additional pages, write your name and |
| What is your marital and filing status? Check one only. | | |
| ☐ Not married. Fill out Column A, lines 2-11. | | İ |
| ☐ Married and your spouse is filing with you. Fill out both Columns A and B, I | ines 2-11, | |
| ☐ Married and your spouse is NOT filing with you. You and your spouse are | | |
| Living in the same household and are not legally separated. Fill out both | | s 2-11. |
| Living separately or are legally separated. Fill out Column A, lines 2-11; depending of perjury that you and your spouse are legally separated under nor living apart for reasons that do not include evading the Means Test requirem | lo not fill out Column B. (| By checking this box, you declare under blies or that you and your spouse are |
| Fill in the average monthly income that you received from all sources, derived during the 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not i spouses own the same rental properly, put the income from that property in one column only. If y | through August 31. If the ar include any income amount | mount of your monthly income varied during more than once. For example, if both |
| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
| Your gross wages, salary, tips, bonuses, overtime, and commissions (before payroll deductions). | e all \$ | \$ |
| Alimony and maintenance payments. Do not include payments from a spouse it Column B is filled in. | f \$ | \$ |
| 4. All amounts from any source which are regularly paid for household expens of you or your dependents, including child support. Include regular contribution from an unmarried partner, members of your household, your dependents, parents and roommates. Include regular contributions from a spouse only if Column B is no filled in. Do not include payments you listed on line 3. | ons s, | \$ |
| 5. Net income from operating a business, profession, or farm | | |
| Debtor 1 | | |
| Gross receipts (before all deductions) | | |
| Ordinary and necessary operating expenses -\$ | | |
| Net monthly income from a business, profession, or farm \$ Copy her | e -> \$ | · \$ |
| 6. Net income from rental and other real property | | |
| Debtor 1 | | |
| Gross receipts (before all deductions) | | |
| Ordinary and necessary operating expenses -\$ | | |
| Net monthly income from rental or other real property \$ Copy here | a -> \$ | |
| 7. Interest, dividends, and royalties | \$ | 3 |

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| Debtor 1 | Michael T. Cioffi | Case number (if known) | 21-21632 |
|--|--|-------------------------|--|
| | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
| | mployment compensation | \$ | \$ |
| the S | ot enter the amount if you contend that the amount received was a benefit under social Security Act. Instead, list it here: or you\$ you\$ | | |
| | | | |
| bene not ir Unite disab pay p does | sion or retirement Income. Do not include any amount received that was a fit under the Social Security Act. Also, except as stated in the next sentence, do notude any compensation, pension, pay, annuity, or allowance paid by the ed States Government in connection with a disability, combat-related injury or oility, or death of a member of the uniformed services. If you received any retired paid under chapter 61 of title 10, then include that pay only to the extent that it not exceed the amount of retired pay to which you would otherwise be entitled red under any provision of title 10 other than chapter 61 of that title. | \$ | \$ |
| Do no unde unde coror crime comp Gove deati | me from all other sources not listed above. Specify the source and amount of include any benefits received under the Social Security Act; payments made or the Federal law relating to the national emergency declared by the President or the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the navirus disease 2019 (COVID-19); payments received as a victim of a ware, a crime against humanity, or international or domestic terrorism; or bensation pension, pay, annuity, or allowance paid by the United States ernment in connection with a disability, combat-related injury or disability, or in of a member of the uniformed services. If necessary, list other sources on a rate page and put the total below | \$ | \$ |
| | · | s | <u> </u> |
| | Total amounts from separate pages, if any. + | \$ | \$ |
| | ulate your total current monthly income. Add lines 2 through 10 for column. Then add the total for Column A to the total for Column B. | + \$ | Total current monthly |
| Part 2: | Determine Whether the Means Test Applies to You | | Income |
| 12. Calc | ulate your current monthly income for the year. Follow these steps: | | |
| 12a, | Copy your total current monthly income from line 11 | Copy line 11 I | here=> \$ |
| | Multiply by 12 (the number of months in a year) | | x 12 |
| 12b. | The result is your annual income for this part of the form | | 12b. \$ |
| 13. Calc | ulate the median family income that applies to you. Follow these steps: | | |
| Fill in | n the state in which you live. | | |
| Fill in | the number of people in your household. | | |
| To fir | n the median family income for your state and size of household | in the separate instruc | 13. \$ |
| 14. How | do the lines compare? | | |
| 14a. | Line 12b is less than or equal to line 13. On the top of page 1, check box Go to Part 3. Do NOT fill out or file Official Form 122A-2. | 1, There is no presum | nption of abuse. |
| 14b. | Line 12b is more than line 13. On the top of page 1, check box 2, The pro- Go to Part 3 and fill out Form 122A-2. | esumption of abuse is | determined by Form 122A-2. |
| Part 3: | Sign Below | | |
| | By signing here, I declare under penalty of perjury that the information on this sta | atement and in any atta | achments is true and correct. |
|) | X /s/ Michael T. Cioffi | | |
| | Michael T. Cioffi | | |

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| Debtor 1 | Michael T. Cioffi | Case number (if known) | 21-21632 |
|----------|-----------------------|------------------------|----------|
| | Signature of Debtor 1 | | |
| Da | te August 13 2021 | | |

Date August 13, 2021 MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

| Fill i | n this inf | orma | ation to identify your case: | |
|---------------|-------------------------------------|---------------------------|--|---|
| Debi | tor 1 | Mi | chael T. Cioffi | |
| | tor 2 ouse, if fili | ng) | | |
| Unite | ed States | Bank | ruptcy Court for the: Western District of Pennsylvania | |
| | e number Iown) | 21 | -21632 | ☐ Check if this is an amended filing |
| | | | | |
| Off | icial F | orr | n 122A - 1Supp | |
| Sta | teme | nt | of Exemption from Presumption of Al | ouse Under § 707(b)(2) 12/1 |
| equi exclu | pted from sions in ired by 11 | n a p this : I U.S. | nt together with Chapter 7 Statement of Your Current Monthly Incoresumption of abuse. Be as complete and accurate as possible. If statement applies to only one of you, the other person should con C. § 707(b)(2)(C). | two married people are filing together, and any of the |
| Part | CM | | y the Kind of Debts You Have | |
| 1. | personal | , fami | ts primarily consumer debts? Consumer debts are defined in 11 U.S iy, or household purpose." Make sure that your answer is consistent wing for Bankruptcy (Official Form 1). | .C. § 101(8) as "incurred by an individual primarily for a the the answer you gave at line 16 of the <i>Voluntary Petition for</i> |
| | | | Form 122A-1; on the top of page 1 of that form, check box 1, There is lement with the signed Form 122A-1. | no presumption of abuse, and sign Part 3. Then submit this |
| | ☐ Yes. | Go to | Part 2. | |
| | | | | |
| Part | 1000 | _ | nine Whether Military Service Provisions Apply to You | |
| 2. | Are you ☐ No. | | abled veteran (as defined in 38 U.S.C. § 3741(1))? | |
| | | | ou incur debts mostly while you were on active duty or while you were | performing a homeland defense activity? |
| | | | S.C. § 101(d)(1); 32 U.S.C. § 901(1). | performing a nornelated determs assuring? |
| | _ | No. | 2000 | |
| | | | Go to Form 122A-1: on the top of page 1 of that form, check box 1, 70 submit this supplement with the signed Form 122A-1. | here is no presumption of abuse, and sign Part 3. Then |
| 3 | Are vou | or ha | ave you been a Reservist or member of the National Guard? | |
| | □ No. | | nplete Form 122A-1. Do not submit this supplement. | |
| | | | re you called to active duty or did you perform a homeland defense act | ivity? 10 U.S.C. § 101(d)(1): 32 U.S.C. § 901(1). |
| | | | Complete Form 122A-1. Do not submit this supplement. | |
| | _ | Yes | Check any one of the following categories that applies: | |
| | _ | | I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty. | If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3 The Means Test does not apply now, and sign Part 3. Then the property with the grand Form 122A 1. You |
| | | | I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case, | submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The exclusion period means the time you are on active duty or are performing a |
| | | | I am performing a homeland defense activity for at least 90 days. | homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii). |
| | | | I performed a homeland defense activity for at least 90 days, | If your exclusion period ends before your case is closed, |

which is fewer than 540 days before t

ending on

file this bankruptcy case.

you may have to file an amended form later.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapt | er 7: | Liquidation | |
|-------|-------|--------------------|--|
| | \$245 | filing fee | |
| | \$78 | administrative fee | |
| + | \$15 | trustee surcharge | |
| | \$338 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans:

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------------|--------------------|
| + | <u>\$78</u> | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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IN THE UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA

| n Re: | Michael T. Cioffi | | | : | Bankruptcy No. 21-21632 |
|--------|-------------------|----|--------|----|---------------------------|
| | | | | : | Chapter 7 |
| | | | Debtor | : | |
| | | | | : | |
| | Michael T. Cioffi | | | ; | |
| Movani | t | | | ; | Related to Document No. 1 |
| | | | | : | |
| | | | | : | |
| | | | | 28 | |
| | | v. | | : | |
| | | | | | |

NOTICE REGARDING FILING OF MAILING MATRIX

In accordance with Local Bankruptcy Rule 1007-1(e) I, <u>Robert O Lampi 19809</u>, counsel for the debtor(s) in the above-captioned case, hereby certify that the following list of creditors' names and addresses was uploaded through the creditor maintenance option in CM/ECF to the above-captioned case.

| Ву: | /s/ Robert O Lampl | |
|------|--|--|
| - 11 | Signature Robert O Lampl 19809 | |
| | Typed Name | |
| | Benedum Trees Building | |
| | 223 Fourth Avenue, 4th Floor Pittsburgh, PA 15222 | |
| | Address 412-392-0330 Fax:412-392-0335 | |
| | Phone No. 19809 PA | |
| | List Bar I.D. and State of Admission | |

No Respondent

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Pennsylvania

| In re | _Michael T. Cioffi | | | Case No. | 21-21632 |
|-------------|--|---|---|---|-------------------------------------|
| | | | Debtor(s) | Chapter | 7 |
| | DISCLO | SURE OF COMPENS | ATION OF ATTORNI | EY FOR DE | EBTOR(S) |
| c | ompensation paid to me w | 9(a) and Fed. Bankr. P. 2016(b), ithin one year before the filing of edebtor(s) in contemplation of or | f the petition in bankruptcy, or a | greed to be paid | to me, for services rendered or to |
| | For legal services, I ha | ive agreed to accept | | \$ | 7,500.00 |
| | | is statement I have received | | \$ | 7,500.00 |
| | Balance Due | | | \$ | 0.00 |
| 2. T | he source of the compensa | ition paid to me was: | | | |
| | ■ Debtor □ | Other (specify): | | | |
| 3. T | he source of compensation | n to be paid to me is: | | | |
| | ■ Debtor □ | Other (specify): | | | |
| 4. I | I have not agreed to sha | ire the above-disclosed compens | ation with any other person unle | ss they are mem | bers and associates of my law firm. |
| [| | he above-disclosed compensation together with a list of the names | | | |
| 5. I | n return for the above-disc | closed fee, I have agreed to rende | r legal service for all aspects of | the bankruptcy c | ase, including: |
| b c d | Preparation and filing of Representation of the de Representation of the de [Other provisions as nee Negotiations wi reaffirmation ag | financial situation, and rendering fany petition, schedules, stateme obtor at the meeting of creditors a obtor in adversary proceedings and eded] (th secured creditors to redupreements and applications avoidance of liens on house | ent of affairs and plan which may and confirmation hearing, and an ad other contested bankruptcy ma ace to market value; exemp as needed; preparation and | be required; y adjourned hea atters; tion planning; | rings thereof; |
| 6. B | Representation | or(s), the above-disclosed fee do of the debtors in any discharsary proceeding. | es not include the following servargeability actions, judicial | rice: lien avoidanc o | es, relief from stay actions or |
| | | C | CERTIFICATION | | |
| | certify that the foregoing inkruptcy proceeding. | is a complete statement of any ag | reement or arrangement for pays | ment to me for re | epresentation of the debtor(s) in |
| Αι | gust 13, 2021 | | /s/ Robert O Lampi | | |
| Da | te | | Robert O Lampl 1980 Signature of Attorney Robert O Lampl Law | Office | |
| | | | Benedum Trees Build 223 Fourth Avenue, 4 | | |
| | | | Pittsburgh, PA 15222 | | |
| | | | 412-392-0330 Fax; 4 rlampl@lampllaw.cor | | |
| | | | Name of law firm | , | |

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United States Bankruptcy Court Western District of Pennsylvania

| | | | | | |
|-------|----------------------------------|---|---------------------|-----------------------|--|
| In re | Michael T. Cloffi | Debtor(s) | Case No. Chapter | <u>21-21632</u> 7 | |
| | VDD | NEW A WION OF CORDINADA | | | |
| | VER | RIFICATION OF CREDITOR M | IATRIX | | |
| he ab | ove-named Debtor hereby verifies | that the attached list of creditors is true and cor | rect to the best | of his/her knowledge. | |
| Date: | August 13, 2021 | /s/ Michael T. Cioffi | | | |
| | | Michael T. Cioffi | | | |
| | | Signature of Debtor | | | |

Clarion Federal Credit Union 144 Holiday Inn Road Clarion, PA 16214

Dominion Transmission 925 White Oaks Blvd Bridgeport, WV 26330

Elderton Bank 143 North Main Street Elderton, PA 15736

Herc Rentals c/o Andrew D. Shannon Robb Leonard Mulvihill 500 Grant Street, Suite 2300 Pittsburgh, PA 15219

LVNV Funding, LLC PO Box 10497 Greenville, SC 29603

Rintegrity LLC c/o Jana S. Pail Whiteford, Taylor, Preston LLP 200 First Avenue, 3rd Floor Pittsburgh, PA 15222

S&T Bank PO Box 190 Indiana, PA 15701

Sallie Mae PO Box 70233 Philadelphia, PA 19176-0233

USAA 10750 McDermott Freeway San Antonio, TX 78288

Welton D. Shipe c/o Bradley M. Bassi Bassi, Vreeland & Associates, PC 111 Fallowfield Avenue Charleroi, PA 15022

EMPLOYEE INCOME RECORD

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ROK MARYLAND LLC DBA: ERS/ART of DC, MD and VA Metro 1017 BRIGHTSEAT RD HYATTSVILLE, MD 20785

Barrett Business Services, Inc. 4940 Campbell Blvd Suits 250 Baltimore, MD 21236

710.50 3038.00

49000.00 49000.00

FEIN: 52-0812977 TELE: 410/583-7711 Y-T-D Taxable Description Amount

\$0.75 217.00

MEDICARE SOC SECURITY

07-16-2021

Status / Allow MO / Mai Emp Type Sallary Check #
Payment Date 07-16-2021 Period 06-28-2021 - 07-11-2021 Check # 0019559765

267071 Michael T. Cloffi

Employee

| Location | Description | Rate | Hours/ Units | Amount | |
|--------------|-------------------|------|-----------------|-------------------|---------------|
| Main Main | SALARY HOLIDAY | | | 3150.00 350.00 | 72.00 0.00 |

Total Gross Pay / Hours Worked

3,500.00 72.00

| PTO | Type | Start Balance | Earned | Taken | Avail | Direct Type | Account | Amount | | Current | YID |
|----------|---|---------------------------------------|------------------------|------------------------|----------------------|-------------|---------|---------|--------------------------|----------|-------------------------------------|
| | PAID TIME OFF COVID/SICK COVID/SICK | 0.00 0.00 0.00 | 0.00 80.00 80.00 | 0.00 80.00 80.00 | 0.00 0.00 0.00 | | 22940 | 3232.25 | Gross Wages Gross Pay | 3,500.00 | 49,000.00 49,000.00 45,251.50 |
| <u> </u> | | · · · · · · · · · · · · · · · · · · · | | | | | | | Net Pay | 3,232,23 | 43,231.30 |

Review this pay stub to ensure its accuracy. Notify your employer of any errors, or changes to name, address, or tax withholding options.

** Main 1017 RETOUTSEAT EN HYATTSVILLE MA 20785 Tele:3019550885 **

Myquary Version: 8852_55_CHECKS_REG

4940 Campbell Blvd Suite 250 Baltimore, MD 21236

regot

AMOUNT

** VOID

Non-negotiable

Michael T. 2842 Greene Drive GREENSBURG, PA 15601

4940 Campbell Blvd Surite 250 Baltimore, MD 21236

> Michael T. Cioffi 2842 Greene Drive GREENSBURG, PA 15601

ERS/ART of DC, ND and VA Metro 912827